

UNITED STATES BANKRUPTCY COURT OF GEORGIA
NORTHERN DISTRICT

Filed in U.S. Bankruptcy Court
Atlanta, Georgia
M. Regina Thomas, Clerk

JUL 16 2021

Arce Meyer
Deputy Clerk

)
CASSANDRA JOHNSON-LANDRY)
DEBTOR)

BRC 18-55697 LRC

SUBMISSION: AMENDED OBJECTION TO CLAIM NUMBER 9 QUANTUM3 GROUP LLC (21585882).

CASSANDRA JOHNSON-LANDRY, DEBTOR SUBMITS AMENDED OBJECTION TO CLAIM
NUMBER 9, **QUANTUM3 GROUP LLC (21585882)**. ADDITIONAL DOCUMENTS WERE
SUBMITTED AFTER INITIAL CLAIM WAS FILED. **(EXHIBIT A)**.

CLAIM IS A FALSE CLAIM AS DEBTOR DOES NOT OWE ON THE ACCOUNT. ACCOUNT WAS
PAID IN FULL AT TIME CLAIM WAS FILED. **(EXHIBIT A)**. DEBTOR REQUEST CLAIM BE
DISALLOWED DUE TO SUBMITTED CLAIM WAS PAID,

16TH OF JULY 2021

CASSANDRA JOHNSON-LANDRY

CASSANDRA JOHNSON-LANDRY, PRO SE

UNITED STATES BANKRUPTCY COURT OF GEORGIA
NORTHERN DISTRICT
CERTIFICATE OF SERVICE

I, CASSANDRA JOHNSON-LANDRY, DEBTOR CURRENTLY SUBMIT AMENDED
OBJECTION TO CLAIM NUMBER 9 QUANTUM3 GROUP LLC (21585882). DEBTOR IS
OVER THE AGE OF 18 YEARS. AMENDED OBJECTION TO CLAIM 9 SUBMITTED BY
FIRST CLASS USPS MAIL ON 16TH OF JULY 2021.

KOLBY R NICHOL/AUTHORIZED AGENT
QUANTUM3 GROUP LLC.
P.O.BOX 788
KIRKLAND WA 98083-0788

HERBERT C. BROADFOOT II
2964 PEACHTREE ROAD, NW.
SUITE 555
ATLANTA, GA 30305

S. GREGORY HAYS
2964 PEACHTREE ROAD, NW.
SUITE 555
ATLANTA, GA 30305

16TH OF JULY 2021

CASSANDRA JOHNSON-LANDRY
CASSANDRA JOHNSON-LANDRY, PRO SE

EXHIBIT A

Fill in this information to identify the case:

Debtor 1 Cassandra Johnson Landry

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of GA
(State)

Case number 18-55697

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

| | | |
|--|--|---|
| 1. Who is the current creditor? | Quantum3 Group LLC as agent for Comenity Bank Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Victoria's Secret</u> | |
| 2. Has this claim been acquired from someone else? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____ | |
| 3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should notices to the creditor be sent? Quantum3 Group LLC as agent for Comenity Bank Name _____ PO Box 788 Number _____ Street _____ Kirkland WA 98083-0788 City _____ State _____ ZIP Code _____ Contact phone <u>(425) 242-7100</u> Contact email <u>claims@quantum3group.com</u> | Where should payments to the creditor be sent? (if different) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Contact phone _____ Contact email _____ |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one): <u>Q 1 6 8 1 7 4 6 9 5 0</u> | | |
| 4. Does this claim amend one already filed? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY | |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ | |

Part 2: Give Information About the Claim as of the Date the Case Was Filed

| | | |
|---|---|---|
| 6. Do you have any number you use to identify the debtor? | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: | <u>3</u> <u>4</u> <u>7</u> <u>0</u> |
| 7. How much is the claim? | \$ <u>182.60</u> | Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). |
| 8. What is the basis of the claim? | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Money Loaned</u> | |
| 9. Is all or part of the claim secured? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable | |
| 10. Is this claim based on a lease? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____ | |
| 11. Is this claim subject to a right of setoff? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____ | |

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.☒ I am the creditor's attorney or authorized agent.☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 6/4/2018
MM / DD / YYYY

/s/ Kolby R. Nichol

Signature

Print the name of the person who is completing and signing this claim:

| | |
|---------------|---|
| Name | <u>Kolby R. Nichol</u> |
| | First name Middle name Last name |
| Title | <u>Authorized Agent for Creditor</u> |
| Company | <u>Quantum3 Group LLC</u> |
| | Identify the corporate servicer as the company if the authorized agent is a servicer. |
| Address | <u>PO Box 788</u> |
| | Number Street |
| | <u>Kirkland WA 98083-0788</u> |
| | City State ZIP Code |
| Contact phone | <u>(425) 242-7100</u> |
| | Email <u>claims@quantum3group.com</u> |

| Bankruptcy Rule 3001(c)(3)(A) Statement of Account Information | | |
|--|-------------------|--|
| Account Number(s) (redacted) | Original Creditor | Merchant Name |
| 3470 | Comenity Bank | Victoria's Secret |
| Account Name(s) | | |
| CASSANDRA LANDRY | | |
| Current Creditor/Assignee | | Previous Creditor/Assignor |
| Comenity Bank | | Not Applicable |
| Open Date | Last Payment Date | Charge Off Date |
| 01/03/2013 | 04/06/2018 | Not Applicable |
| Last Transaction Date | | Name of Entity to Whom Debt was Owed at Last Transaction |
| 04/06/2018 | | Comenity Bank |

| Bankruptcy Rule 3001(c)(2) Balance Itemization | | | | |
|--|-----------|----------|--------|--------|
| Total Claim Amount | Principal | Interest | Fee | Cost |
| \$182.60 | \$177.68 | \$4.92 | \$0.00 | \$0.00 |

| Please send all notices and inquiries for additional account information/media to claims department | | |
|---|--------------------------|--------------------------|
| Quantum3 Group LLC as agent for | Phone | Uniform Claim Identifier |
| Comenity Bank | (425) 242-7100 | Q1681746950 |
| PO Box 788 | Email | |
| Kirkland, WA 98083-0788 | claims@quantum3group.com | |

Bankruptcy Rule 3001(c)(3)(A) Explanation of Terms

Current Creditor/Assignee. - If the Current Creditor is the same as the Original Creditor Name, then Name of Assignor is not applicable because no assignment occurred. Otherwise, Current Creditor purchased the account from Assignor prior to the filing of the claim.

Last Payment Date. - The last payment date may not be available or applicable because no payment was made on the account.

Charge Off Date. - The charge off date is an accounting term, in which the account is reported as a loss due to nonpayment of a debt. This accounting event may occur before or after a bankruptcy filing.

Date of Last Transaction. - The last transaction date is the date of the last activity on the account up until the account charged off by the original issuer or original creditor.

Name of Entity to Whom Debt was Owed at the Time of Last Transaction. - The original issuer or original creditor is the entity whom the debt was owed at the time of the last transaction, as the original issuer or original creditor is the entity that recorded the transactions up until the account closed and charged off.

Supplemental Information Regarding Medical Accounts

Due to federal and state medical privacy laws, documentation regarding the services underlying the medical account will not be attached. Please send all inquiries for additional account information or media to the claims department, as provided above. Protected health information will only be disclosed, either directly to the patient/debtor or to a third party upon receipt of written authorization from the patient/debtor, pursuant to the Health Insurance Portability and Accountability Act. For medical accounts, no interest is assessed.

UNITED STATES BANKRUPTCY COURT OF GEORGIA NORTHERN DISTRICT

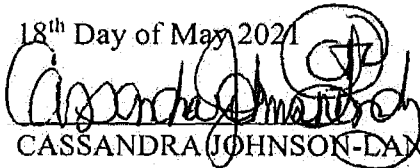
CASSANDRA JOHNSON-LANDRY }
DEBTOR }

BRC 18-55697LRC

OBJECTION TO CLAIM NUMBER 9 (21585882) QUANTUM/VICTORIA
SECRETS

CASSANDRA JOHNSON-LANDRY, Debtor, currently objects to the above claim, Debtor did not owe any outstanding payment to Creditor. Account was paid prior to Bankruptcy Filing which was 4/3/2018. Verified by Quatum3 Rep.
(EXHIBIT A)

18th Day of May 2021



CASSANDRA JOHNSON-LANDRY, PRO-SE

UNITED STATES BANKRUPTCY COURT OF GEORGIA NORTHERN DISTRICT
CERTIFICATE OF SERVICE

I, CASSANDRA JOHNSON-LANDRY, Debtor currently submit Certificate of Service Regarding OBJECTION TO CLAIM NUMBER 9 (21585882) QUANTUM/VICTORIA SECRETS the 18th day of May 2021. Debtor is over the age of 18 years. COS and Objection will be mailed by the USPS to:

Quantum³ Group, LLC
12006 98th Ave NE, Suite 200
Kirkland, Washington 98034-4218

S. GREGORY HAYS, CHAPTER 7 TRUSTEE
2964 PEACHTREE ROAD, SUITE 555
ATLANTA, GEORGIA 30305

HERBERT BROADFOOT, ESQ
2964 PEACHTREE ROAD, SUITE 555
ATLANTA, GEORGIA 30305

18TH DAY OF MAY 2021

A handwritten signature in black ink, appearing to read "Cassandra Johnson-Landry", with a circular stamp or mark to the right of the signature.

CASSANDRA JOHNSON-LANDRY, PRO SE

EXHIBIT A

10/3/2017

<https://www.freecreditreport.com/c/#/print/experian/201710031621501417>CASSANDRA LANDRY - Experian
Date of Report: Oct 3, 2017COMENITYBK/VICTORIASEC
2XXXX

Closed

ACCOUNT DETAILS

Account Name COMENITYBK/VICTORIASEC

Account # 2XXXX

Original Creditor -

Company Sold -

Account Type Revolving Charge Account

Date Opened Jan 1, 1996

Account Status Closed

Payment Status Current

Status Updated Mar 1, 2009

Balance \$0

Balance Updated Mar 4, 2009

Credit Limit \$590

Monthly Payment -

Past Due Amount -

Highest Balance \$496

Terms Revolving

Responsibility Individual

Your Statement -

Comments Credit line closed-grantor request-reported by subscriber

CREDIT USAGE

0%

No Credit Usage

You have no account balance. Keeping your account balances as low as possible can have a positive impact on your credit.

CONTACT INFORMATION

220 W SCHROCK RD
WESTERVILLE, OH 43081
BYMAIL ONLY

PAYMENT HISTORY

| 2009 | | | | 2008 | | | | 2007 | | | |
|------|-----|-----|-----|------|-----|-----|-----|------|-----|-----|-----|
| Jan | Feb | Mar | Apr | Jan | Feb | Mar | Apr | Jan | Feb | Mar | Apr |
| OK | OK | OK | | OK | OK | OK | OK | OK | OK | OK | OK |
| May | Jun | Jul | Aug | May | Jun | Jul | Aug | May | Jun | Jul | Aug |
| | | | | OK | OK | OK | OK | OK | OK | OK | OK |
| Sep | Oct | Nov | Dec | Sep | Oct | Nov | Dec | Sep | Oct | Nov | Dec |
| | | | | OK | OK | OK | OK | OK | OK | OK | OK |
| 2006 | | | | 2005 | | | | 2004 | | | |
| Jan | Feb | Mar | Apr | Jan | Feb | Mar | Apr | Jan | Feb | Mar | Apr |
| OK | OK | OK | | OK | OK | OK | OK | OK | OK | OK | OK |
| May | Jun | Jul | Aug | May | Jun | Jul | Aug | May | Jun | Jul | Aug |
| OK | OK | OK | OK | OK | OK | OK | OK | OK | OK | OK | OK |
| Sep | Oct | Nov | Dec | Sep | Oct | Nov | Dec | Sep | Oct | Nov | Dec |
| OK | OK | OK | OK | OK | OK | OK | OK | OK | OK | OK | OK |
| 2003 | | | | 2002 | | | | | | | |
| Jan | Feb | Mar | Apr | Jan | Feb | Mar | Apr | | | | |
| OK | OK | OK | OK | | | | OK | | | | |
| May | Jun | Jul | Aug | May | Jun | Jul | Aug | | | | |
| OK | OK | OK | OK | OK | OK | OK | OK | | | | |
| Sep | Oct | Nov | Dec | Sep | Oct | Nov | Dec | | | | |
| OK | OK | OK | OK | OK | OK | OK | OK | | | | |

Summary

Accounts (Closed)

Collections

Inquiries

Public Records

Credit Score